

Pet Help Application

Before applying, please apply for Care Credit or ScratchPay. You must provide proof if you are declined by either of these veterinary credit programs. Pet Help is intended for life-threatening or life-compromising injury or illness. PAHS does not provide funding for routine wellness exams, vaccinations, parasites, bills already incurred, or conditions that can be postponed while you raise funds. To apply, please provide:



- Personal identification (Driver's license, State-issued ID card, Social Security card)
- Proof of low income (Social Security, disability records, unemployment pay stubs, 3 months payroll stubs, etc.)
- Photographs of the animal
- Completed Pet Help application; signed and dated

Only residents of these cities can be considered: Redwood City, Menlo Park, Palo Alto, East Palo Alto, Mountain View, Sunnyvale, Santa Clara, San Jose.

Applicant: _____ **Owner:** _____

Phone(s): _____

Email(s): _____

Address: _____ **City** _____ **Zip Code** _____

Family household size: ____ **Total household annual income** _____ **Monthly rent or house payment** _____

Animal companion species: (circle one) **Cat, Dog, Rabbit, Other:** _____

Your Pet's name: _____

Spayed or neutered? Y / N Animals must be spayed or neutered. If not, you must agree to have your animal sterilized as soon as healthy enough and provide us with proof this has been done.

Age: _____ **How long have you had him/her?** _____ **Type/Breed/color:** _____

Current veterinarian: _____ **Phone:** _____

Diagnosis or describe problems: _____

Date of last veterinary visit: _____

Current medications, if any: _____

Estimated cost of treatments: _____ **(Attach Estimate from Veterinarian)**

Permission: By signing below, I authorize my veterinarian/s to discuss my animal's health records and care with Palo Alto Humane Society (PAHS). I also authorize PAHS, if funding is approved, to share my animal's information and photographs as PAHS sees fit. I attest that the information I provide is true and correct and I am applying for assistance because I am in financial need and would otherwise be unable to treat my animal. I release PAHS from any and all liability connected with any assistance I may receive.

Name: _____

Signature

Date

Return by Email to: PAHS@paloaltohumane.org, or mail: **P.O. Box 60715, Palo Alto, CA 94306.**

Phone: (650) 424-1901

The Palo Alto Humane Society is a 501(c) 3 nonprofit, charitable, volunteer-supported organization. PAHS is one of the few humane societies nationwide with no animal shelter. Instead of managing animals inside a shelter, we work to keep animals out of the shelter through humane programs in intervention, advocacy, and education. For a century, our mission has been to alleviate the suffering of animals, increase public sensitivity to animal issues, and elevate the status of animals in our society.